

ANNUAL STATEMENT

52632200520100100

FOR THE YEAR ENDING DECEMBER 31, 2005

OF THE CONDITION AND AFFAIRS OF THE

ALTUS DENTAL INSURANCE CO., INC.

NAIC Group Code 1571	1571 NAIC Compa	ny Code 52632 Emplo	oyer's ID Number 05-0153223
(Current Period Organized under the Laws of	, ,	, State of Domicile or Port o	of Entry RHODE ISLAND
Country of DomicileUNI	TED STATES OF AMERICA		
Licensed as business type:	Dental Service Corporation [X]	Vision Service Corporation [] Heal	pital, Medical & Dental Service or Indemnity [Ith Maintenance Organization [S [] NO []
Incorporated/Organized:	August 1, 2000	Commenced Business: Se	eptember 1, 2001
Statutory Home Office:10	CHARLES STREET PROVIDENCE, F	RI 02904	
Main Administrative Office: _	10 CHARLES STREET PROVIDENCE	CE, RI 02904 401-752-6000	
Mail Address: 10 CHARLES S	STREET PROVIDENCE, RI 02904		
Primary Location of Books ar	nd Records: 10 CHARLES STREET	PROVIDENCE, RI 02904 401	1-752-6000
Internet Website Address:	www.altusdental.com		
Statutory Statement Contact:	GEORGE J. BEDARD		401-752-6000
	gbedard@altusdental.com		401-752-6070
Policyowner Relations Contact	ct:	752-6000	
	OFF	ICERS	
	Name	Title	
1. JOSE	PH A. NAGLE	PRESIDENT	
2. <u>KATH</u>	RYN M. SHANLEY	SECRETARY	
3. <u>RICH</u>	ARD A. FRITZ	TREASURER	
		residents	
Name	Title	Name	Title
GREGORY L. DUBUC KATHRYN M. SHANLEY	VP - UNDERWRITING VP - EXTERNAL AFFAIRS	RICHARD A. FRITZ STEPHEN J. SPERANDIO	VP - FINANCE VP - OPERATIONS/ADMINISTRATION
JOSEPH PERRONI	VP - SALES	OTEL HEIVO. OF EIVINDIO	
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	_	_	
		_	
		OR TRUSTEES	
EDWARD ALMON VINCENT DELNERO	MARIA M. ASCIOLLA, DMD DAVID DUFFY	PHILLIP C. BARNER, DDS	A. THOMAS CORREIA, DDS
PAUL A. MACDONALD	WILLIAM A. MEKRUT #	PAULA HURD SANDRA PARRILLO #	DONALD IANNAZZI # STEPHEN J. PUERINI, DMD
EDWIN SANTOS #	KARL SHERRY	PATRICIA A. SULLIVAN	LEONARD C. TADDEI. DMD
	_		
	_		_
State of RHODE ISLAND State of PROVIDENCE ss			
•	duly awarn, each denote and say that they	are the described officers of said reporting en	stity, and that on the reporting period stated
above, all of the herein described assets	s were the absolute property of the said repo	orting entity, free and clear from any liens or cl	aims thereon, except as herein stated, and
		in contained, annexed or referred to, is a full a ng period stated above, and of its income and	
and have been completed in accordance	e with the NAIC Annual Statement Instruction	ns and Accounting Practices and Procedures	manual except to the extent that: (1) state
		not related to accounting practices and proceditation by the described officers also includes t	
with the NAIC, when required, that is an	exact copy (except for formatting difference	es due to electronic filing) of the enclosed state	
requested by various regulators in lieu o	f or in addition to the enclosed statement.		
(Signature)		(Signature)	(Signature)
JOSEPH A. NAGLE		HRYN M. SHANLEY	RICHARD A. FRITZ
(Printed Name) 1.	(P	rinted Name) 2.	(Printed Name) 3.
PRESIDENT		SECRETARY	TREASURER
(Title)		(Title)	(Title)
Subscribed and sworn to before me this		a. Is this an origin	•
27th day of <u>FEBRUARY</u>	, 2006		State the amendment number
			Date filed Number of pages attached
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1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
MCLAUGHLIN MECHANICAL SERVICES ATLANTIC GRAPHIC SERVICES	2,152	2,152	2,152	8,854 4,434		8,85 10,88
0299997 Group subscriber subtotal	2,152	2,152	2,152	13,287		19,74
0299998 Premiums due and unpaid not individually listed	64,805	12,535	2,645	(14,481)		65,50
0299999 Total group	66,956	14,686	4,796	(1,194)		85,24
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0599999 Accident and health premiums due and unpaid (Page 2, Line 13)	66,956	14,686	4,796	(1,194)		85,24

EXHIBIT 3 - HEALTH CARE RECEIVABLES

	_					
1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted

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EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported) Aging Analysis of Unpaid Claims

1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
	·			·	·	
0399999 Aggregate accounts not individually listed - covered	361,114	109,682	35,572	19,586	55,466	581,4
0499999 Subtotals	361,114	109,682	35,572	19,586	55,466	581,4
0799999 Total claims unpaid						581,4

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EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Adm	itted
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
THE ALTUS GROUP INC.	(221,050)	117,635	61,347	2,592,451	2,550,384		
0199999 Individually listed receivables	(221,050)	117,635	61,347	2,592,451	2,550,384		
		* * * * * * * * * * * * * * * * * * * *					

0399999 Total gross amounts receivable	(221,050)	117,635	61,347	2,592,451	2,550,384		

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	
Affiliate	Description	Amount	Current	Non-Current	
DELTA DENTAL OF RHODE ISLAND ALTUS DENTAL INC. ALTUS SYSTEMS INC.		54,874 142,205 57,095	(127,028)	49,109 269,233 107,086	
0199999 Individually listed payable		254,175	(171,253)	425,428	
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0399999 Total gross payables	1	254,175	(171,253)	425,42	
UJJJJJJ I UIAI YIUSS PAYADIES		204,173	(171,255)	ı _l 425,42	

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total	3 Total Members Covered	4 Column 3 as a % of Total	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
2. Intermediaries						
All other providers Total capitation payments						
Other Payments:			XXX	XXX		
6. Contractual fee payments	9,560,509	100.00	XXX	XXX	5,704,498	3,856,011
7. Bonus/withhold arrangements - fee-for-service			XXX	XXX		
Bonus/withhold arrangements - contractual fee payments			XXX	XXX		
9. Non-contingent salaries			X X X	XXX		
10. Aggregate cost arrangements			XXX	XXX		
11. All other payments			XXX	XXX		
12. Total other payments	9,560,509	100.00	XXX	XXX	5,704,498	3,856,011
13. Total (Line 4 plus Line 12)	9,560,509	100%	XXX	XXX	5,704,498	3,856,011

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

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,	1	2	3	4	5	6
	NAIC Code	Name of Intermediary	Capitation Paid	Average Monthly Capitation	Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC

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EXHIBIT 8 - FURNITURE, EQUIPMENT, AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
Administrative furniture and equipment						
Medical furniture, equipment and fixtures			L			
Pharmaceuticals and surgical supplies		NONE				
Durable medical equipment						
Other property and equipment						
6. Total						

52632200543022100

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION 2. (LOCATION)

NAIC Group Code: 1571 BUSINESS IN THE STATE OF MASSACHUSETTS DURING THE YEAR 2005

NAIC Company Code 52632

	1	Comprehensive (I	Hospital & Medical)	4	5	6	7 Federal	8	9	10	11	12	13
		2	3				Employees Health						
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other
Total Members at end of:													
1. Prior Year	30,097	l				30,097							
2. First Quarter	31,652					31,652							
3. Second Quarter	34,031			* * * * * * * * * * * * * * * * * * * *		34,031				*****			
	34,031		* * * * * * * * * * * * * * * * * * * *			34,031		* * * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * * *	*****	* * * * * * * * * * * * * * * * * * * *		
5. Current Year	39,173					39,173							
Current Year Member Months	428,035					428,035							
Total Member Ambulatory Encounters for Year:													
7. Physician													
8. Non-Physician													
9. Total													
Hospital Patient Days Incurred													
11. Number of Inpatient Admissions													
12. Health Premiums Written	12,458,438					12,458,438							
13. Life Premiums Direct													
14. Property/Casualty Premiums Written													
15. Health Premiums Earned	12,387,280					12,387,280							
16. Property/Casualty Premiums Earned													
17. Amount Paid for Provision of													
Health Care Services	9,560,509					9,560,509							
18. Amount Incurred for Provision of													
Health Care Services	9,617,649					9,617,649							

(a)	For health business: number of persons insured under PPO managed care products	and number	r of persons insured under indemnity	only products	

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

2. (LOCATION)

BUSINESS IN THE STATE OF RHODE ISLAND DURING THE YEAR 2005 NAIC Group Code: 1571

REPORT FOR: 1. CORPORATION

NAIC Company Code 52632

	1	Comprehensive (I	Hospital & Medical)	4	5	6	7	8	9	10	11	12	13
		2	3				Federal Employees Health						
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other
Total Members at end of:													
1. Prior Year													
2. First Quarter													
Second Quarter										*****			
4. Third Quarter	* * * * * * * * * * * * * * * * * * * *			* * * * * * * * * * * * * * * * * * * *						****			
5. Current Year													
Current Year Member Months													
Total Member Ambulatory Encounters for Year:													
7. Physician													
8. Non-Physician													
9. Total													
10. Hospital Patient Days Incurred													
11. Number of Inpatient Admissions													
12. Health Premiums Written													
13. Life Premiums Direct													
14. Property/Casualty Premiums Written													
15. Health Premiums Earned													* * * * * * * * * * * * * * * * * * * *
16. Property/Casualty Premiums Earned													
17. Amount Paid for Provision of													
Health Care Services													
18. Amount Incurred for Provision of													
Health Care Services													

(a)	For health business: number of person	is insured under PPO manage	d care products	: a	and number of pe	ersons insured und	ler indemnity on	ly products	

52632200543058100

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

NAIC Group Code: 1571 BUSINESS IN THE STATE OF TOTAL DURING THE YEAR 2005

REPORT FOR: 1. CORPORATION

NAIC Company Code 52632

2. (LOCATION)

	1	Comprehensive (I	Hospital & Medical)	4	5	6	7	8	9	10	11	12	13
		2	3				Federal Employees Health						
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other
Total Members at end of:													
1. Prior Year	30,097					30,097							
2. First Quarter	31,652					31,652							
Second Quarter	34,031					34,031							
4. Third Quarter	34,031					34,031	* * * * * * * * * * * * * * * * * * * *		* * * * * * * * * * * * * * * * * * * *				
5. Current Year	39,173					39,173							
Current Year Member Months	428,035					428,035							
Total Member Ambulatory Encounters for Year:													
7. Physician													
8. Non-Physician													
9. Total													
10. Hospital Patient Days Incurred													
11. Number of Inpatient Admissions													
12. Health Premiums Written	12,458,438					12,458,438							
13. Life Premiums Direct													
14. Property/Casualty Premiums Written													
15. Health Premiums Earned	12,387,280					12,387,280		* * * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * * *			
16. Property/Casualty Premiums Earned													
17. Amount Paid for Provision of													
Health Care Services	9,560,509					9,560,509							
18. Amount Incurred for Provision of													
Health Care Services	9,617,649					9,617,649							

(a) For health business: number of persons insured under PPO managed care products	and number of persons insured under indemnity only products
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SCHEDULE A - VERIFICATION BETWEEN YEARS Real Estate

1.	Book/adjusted carrying value, December 31, prior year
2.	Increase (decrease) by adjustment:
	2.1 Totals, Part 1, Column 11
	2.2 Totals, Part 3, Column 7
3.	Cost of acquired, (Totals, Part 2, Column 6, net of encumbrances (Column 7) and net of additions and permanent improvements (Column 9))
4.	Cost of additions and permanent improvements:
	4.1 Totals, Part 1, Column 14
	4.2. Tetala Bart 2 Caluma 0
5.	Total profit (loss) on sales, Part 3, Column 14.
6.	Increase (decrease) by foreign exchange adjustment:
	6.1 Totals, Part 1, Column 12
	6.2 Totals, Part 3, Column 8
7.	Amounts received on sales, Part 3, Column 11 and Part 1, Column 13
8.	Book/adjusted carrying value at the end of current period
9.	Total valuation allowance
0.	Subtotal (Lines 8 plus 9)
1.	Total nonadmitted amounts
2.	Statement value, current period (Page 2, real estate lines, Net Admitted Assets Column)
	SCHEDULE B - VERIFICATION BETWEEN YEARS Mortgage Loans
1.	Book value/recorded investment excluding accrued interest on mortgages owned, December 31 of prior year
2.	Amount loaned during year:
	2.1 Actual cost at time of acquisitions
	2.2 Additional investment made after acquisitions
	Accrual of discount and mortgage interest points and commitment fees
	Increase (decrease) by adjustment
	Total profit (loss) on sale NONE
	Amounts paid on account or in full during the year
	Amortization of premium
	Increase (decrease) by foreign exchange adjustment
	Book value/recorded investment excluding accrued interest on mortgages owned at end of current period
	Total valuation allowance
	Subtotal (Lines 9 plus 10)
	Total nonadmitted amounts Statement value of mortgages owned at end of current period (Page 2, mortgage lines, Net Admitted Assets Column)
٥.	Statement value of mortgages owned at end of current period (Page 2, mortgage lines, Net Admitted Assets Column)
	SCHEDULE BA - VERIFICATION BETWEEN YEARS Long-Term Invested Assets
	Book/adjusted carrying value of long-term invested assets owned, December 31 of prior year
2.	Cost of acquisitions during year:
	2.1 Actual cost at time of acquisitions
	2.2 Additional investment made after acquisitions
	Accrual of discount
4.	Increase (decrease) by adjustment Total profit (loss) on sale
	Amounts paid on account or in full during the year
	Amortization of premium
	Increase (decrease) by foreign exchange adjustment
	Book/adjusted carrying value of long-term invested assets at end of current period
	Total valuation allowance
	Subtotal (Lines 9 plus 10) Total pagedmitted amounts
	Total nonadmitted amounts Statement value of long-term invested assets at end of current period (Page 2, Line 7, Column 3)
J.	Catement value of long-term invested assets at end of current period (rage 2, Line 1, Column 3)

SCHEDULE D - PART 1A - SECTION 1

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

Quality and Maturity	DISTIDUTION OF AL	Donas Owned	December 3	i, at book/Au							
Quality Rating per the NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 10.7	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
U.S. Governments, Schedules D & DA (Group 1)											
1.1 Class 1	1,005,248	2,803,395				3,808,643	65.155	2,994,123	53.561	3,808,643	
1.2 Class 2 1.3 Class 3					* * * * * * * * * * * * * * * * * * * *						
1.4 Class 4											
1.5 Class 5											
1.6 Class 6 1.7 Totals	1,005,040	2,803,395				2 000 642	65.155	2.004.122	53.561	2 000 642	
	1,005,248	2,003,395				3,808,643	00.100	2,994,123	53.501	3,808,643	
All Other Governments, Schedules D & DA (Group 2)											
2.1 Class 1 2.2 Class 2											
2.3 Class 3											
2.4 Class 4											
2.5 Class 5											
2.6 Class 6 2.7 Totals											
States, Territories and Possessions, etc., Guaranteed, Schedules D & DA (Group 3)											
3.1 Class 1								* * * * * * * * * * * * * * * * * * * *			
3.2 Class 2											
3.3 Class 3 3.4 Class 4								* * * * * * * * * * * * * * * * * * * *			
3.5 Class 5											
3.6 Class 6											
3.7 Totals											
Political Subdivisions of States, Territories and Possessions, Guaranteed, Schedules D & DA (Group 4)											
4.1 Class 1								* * * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * * *		
4.2 Class 2 4.3 Class 3											
4.4 Class 4											
4.5 Class 5											
4.6 Class 6 4.7 Totals											
Special Revenue & Special Assessment Obligations, etc., Non-Guaranteed, Schedules D & DA (Group 5)											
5.1 Class 1											
5.2 Class 2 5.3 Class 3											
5.3 Class 3 5.4 Class 4											
5.5 Class 5											
5.6 Class 6											
5.7 Totals											

Annual Statement for the year 2005 of the ALTUS DENTAL INSURANCE CO., INC.

SCHEDULE D - PART 1A - SECTION 1 (continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

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	Quality Rating per the NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 10.7	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
6.	Public Utilities (Unaffiliated), Schedules D & DA (Group 6) 6.1 Class 1 6.2 Class 2 6.3 Class 3 6.4 Class 4 6.5 Class 5 6.6 Class 6 6.7 Totals											
7.	Industrial & Miscellaneous (Unaffiliated), Schedules D & DA (Group 7) 7.1 Class 1 7.2 Class 2 7.3 Class 3 7.4 Class 4 7.5 Class 5 7.6 Class 6 7.7 Totals	503,339	1,533,519				2,036,858	34.845	2,595,966	46.439	2,036,858	
8.	Credit Tenant Loans, Schedules D & DA (Group 8) 8.1 Class 1 8.2 Class 2 8.3 Class 3 8.4 Class 4 8.5 Class 5 8.6 Class 6 8.7 Totals											
9.	Parent, Subsidiaries and Affiliates, Schedules D & DA (Group 9) 9.1 Class 1 9.2 Class 2 9.3 Class 3 9.4 Class 4 9.5 Class 5 9.6 Class 6 9.7 Totals											

SCHEDULE D - PART 1A - SECTION 1 (continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

				ĺ		<u> </u>					
	1 1	2	3	4	5	6	7	8	9	10	11
		0	O	O 10 V		Takal	Col. 6	Tatal fram	% From	Tatal	Total
Quality Rating per the	1 Year	Over 1 Year Through	Over 5 Years Through	Over 10 Years Through	Over 20	Total Current	as a % of	Total from Col. 6	Col. 7 Prior	Total Publicly	Privately Placed
NAIC Designation	or Less	5 Years	10 Years	20 Years	Years	Year	Line 10.7	Prior Year	Year	Traded	(a)
IVAIC Designation	01 1633	J Teals	10 16415	20 16013	i Gai S	i Gai	LINE 10.7	THOI TEAL	i Gai	Haueu	(a)
10. Total Bonds Current Year											
10.1 Class 1	1,508,587	4,336,914				5,845,501	100.000	XXX	XXX	5,845,501	
10.2 Class 2 10.3 Class 3	***							XXX	XXX	* * * * * * * * * * * * * * * * * * * *	
10.3 Class 3 10.4 Class 4								XXX	XXX		
10.5 Class 5				* * * * * * * * * * * * * * * * * * * *		(c)		XXX	XXX	* * * * * * * * * * * * * * * * * * * *	
10.6 Class 6				* * * * * * * * * * * * * * * * * * * *		(c)		XXX	XXX	* * * * * * * * * * * * * * * * * * * *	
10.7 Totals	1,508,587	4,336,914				(b) 5,845,501	100.000	XXX	XXX	5,845,501	
10.8 Line 10.7 as a % of Col. 6	25.808	74.192				100.000	XXX	XXX	XXX	100.000	
11. Total Bonds Prior Year											
11.1 Class 1	1,049,766	4,540,324				xxx	XXX	5,590,090	100.000	5,590,090	
11.2 Class 2				* * * * * * * * * * * * * * * * * * * *		XXX	XXX				
11.3 Class 3						XXX	XXX				
11.4 Class 4.						X X X	XXX				
11.5 Class 5						XXX		(c)			
11.6 Class 6	4.040.700	4 540 204				XXX	XXX	(c)	400,000	F F00 000	
11.7 Totals	1,049,766 18.779	4,540,324						(b) 5,590,090	100.000	5,590,090	
11.8 Line 11.7 as a % of Col. 8	18.779	81.221				XXX	XXX	100.000	XXX	100.000	
12. Total Publicly Traded Bonds											
12.1 Class 1	1,508,587	4,336,914				5,845,501	100.000	5,590,090	100.000	5,845,501	XXX
12.2 Class 2											XXX
12.3 Class 3 12.4 Class 4	***			* * * * * * * * * * * * * * * * * * * *						* * * * * * * * * * * * * * * * * * * *	XXX
12.5 Class 5										* * * * * * * * * * * * * * * * * * * *	XXX
12.6 Class 6	*** *************			* * * * * * * * * * * * * * * * * * * *			* * * * * * * * * * * * * * * * * * * *			* * * * * * * * * * * * * * * * * * * *	XXX
12.7 Totals	1,508,587	4,336,914				5,845,501	100.000	5,590,090	100.000	5,845,501	XXX
12.8 Line 12.7 as a % of Col. 6	25.808	74.192				100.000	XXX	XXX	XXX	100.000	XXX
12.9 Line 12.7 as a % of Line 10.7, Col. 6, Section 10	25.808	74.192				100.000	XXX	XXX	XXX	100.000	XXX
13. Total Privately Placed Bonds											
13.1 Class 1										XXX	
13.2 Class 2			*****				*****		******	XXX	******
13.3 Class 3										XXX	
13.4 Class 4										XXX	
13.5 Class 5 13.6 Class 6	[XXX	
13.7 Totals	***									XXX	
13.8 Line 13.7 as a % of Col. 6							XXX	XXX	XXX	XXX	
13.9 Line 13.7 as a % of Line 10.7, Col. 6, Section 10							XXX	XXX	XXX	XXX	
(a) Includes \$ 0 freely tradable under SEC Rule 144 or gual						-	AAA	AAA	AAA	1 ////	

(b)	Includes \$	0 current year, \$	0 prior year of bonds with Z designations and \$	0 current year, \$	0 prior year of bonds with Z* designations. The letter "Z" means the NAIC designation was not assigned by
(c)	Includes \$			0_ current year, \$	0 prior year of bonds with 6* designations. "5*" means the NAIC designation was assigned by the SVO i
	reliance on the insurer!	's cartification that the issuer is o	current in all principal and interest payments "6*" means the I	NAIC designation was assigned	by the SVO due to inadequate certification of principal and interest payments

SCHEDULE D - PART 1A - SECTION 2

Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 10.7	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
U.S. Governments, Schedules D & DA (Group 1) 1.1 Issuer Obligations 1.2 Single Class Mortgage-Backed/Asset-Backed Securities 1.7 Totals	505,848 499,400 1.005.248	2,803,395 2,803,395				505,848 3,302,795 3.808.643	8.654 56.501 65.155	513,351 2,480,773 2,994,124	9.183 44.378 53.561	505,848 3,302,795 3,808,643	
2. All Other Governments, Schedules D & DA (Group 2) 2.1 Issuer Obligations 2.2 Single Class Mortgage-Backed/Asset-Backed Securities MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES 2.3 Defined	1,003,246	2,003,393				3,000,043	00.100	2,994,124	33.301	3,000,043	
2.3 Defined 2.4 Other MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES 2.5 Defined 2.6 Other											
2.7 Totals States, Territories and Possessions, Guaranteed, Schedules D & DA (Group 3) 3.1 Issuer Obligations 3.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES 3.3 Defined 3.4 Other MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES											
3.5 Defined 3.6 Other 3.7 Totals Political Subdivisions of States, Territories and Possessions, Guaranteed, Schedules D & DA (Group 4)											
4.1 Issuer Obligations 4.2 Single Class Mortgage-Backed/Asset-Backed Securities MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES 4.3 Defined											
4.4 Other MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES 4.5 Defined 4.6 Other											
4.7 Totals Special Revenue & Special Assessment Obligations, etc., Non-Guaranteed, Schedules D & DA (Group 5) 5.1 Issuer Obligations 5.2 Single Class Mortgage-Backed/Asset-Backed Securities											
5.2 Single Class Mortgage-Backed/Asset-Backed Securities MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES 5.3 Defined 5.4 Other MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES 5.5 Defined 5.6 Other 5.7 Totals											

,			,						1		
	1	2 Over 1	3	4 Over 10	5	6	7	8	9 % From	10	11
	1 Year	Year Through	Over 5 Years Through 10	Years Through 20	Over 20	Total Current	Col. 6 as a % of	Total from Col. 6 Prior	Col. 7 Prior	Total Publicly	Total Privately
Distribution by Type	or Less	5 Years	Years	Years	Years	Year	Line 10.7	Year	Year	Traded	Placed
Public Utilities (Unaffiliated), Schedules D & DA (Group 6) 6.1 Issuer Obligations 6.2 Single Class Mortgage-Backed/Asset-Backed Securities MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES 6.3 Defined											
6.4 Other MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES 6.5 Defined 6.6 Other											
6.7 Totals											
7. Industrial & Miscellaneous (Unaffiliated), Schedules D & DA (Group 7) 7.1 Issuer Obligations 7.2 Single Class Mortgage-Backed/Asset-Backed Securities MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES	503,339	1,533,519				2,036,858	34.845	2,595,966	46.439	2,036,858	
7.3 Defined 7.4 Other MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES 7.5 Defined 7.6 Other											
7.7 Totals	503,339	1,533,519				2,036,858	34.845	2,595,966	46.439	2,036,858	
Credit Tenant Loans, Schedules D & DA (Group 8) 8.1 Issuer Obligations 8.7 Totals								,			
Parent, Subsidiaries and Affiliates, Schedules D & DA (Group 9) 9.1 Issuer Obligations											
9.2 Single Class Mortgage-Backed/Asset-Backed Securities MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES 9.3 Defined											
9.4 Other MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES 9.5 Defined											
9.6 Other 9.7 Totals											

SCHEDULE D - PART 1A - SECTION 2 (continued)

Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues

_	Maturity Distribution	OI All Dollas	JWIIEG DECEII	וטפו טו, מנ טכ	- John Aujusteu C	arrying values	s by Major Typ	e and Subtype	5 01 133063			
		1	2 Over 1	3	4 Over 10	5	6	7	8	9 % From	10	11
		4.14	Year	Over 5 Years	Years	0 00	Total	Col. 6 as	Total from	Col. 7	Total	Total
	Distribution by Type	1 Year or Less	Through 5 Years	Through 10 Years	Through 20 Years	Over 20 Years	Current Year	a % of Line 10.7	Col. 6 Prior Year	Prior Year	Publicly Traded	Privately Placed
L	7 31	or Less	o rears	rears	rears	rears	rear	Line 10.7	r ear	rear	rraded	Placed
10	Total Bonds Current Year											
	10.1 Issuer Obligations	1,009,187	1,533,519				2,542,706	43.499	X X X	XXX	2,542,706	
	10.2 Single Class Mortgage-Backed/Asset-Backed Securities	499,400	2,803,395				3,302,795	56.501	XXX	XXX	3,302,795	
-	MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES									.,,,,		
	10.3 Defined								XXX	XXX		
	10.4 Other MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES								XXX	X X X		
	10.5 Defined								XXX	xxx		
	10.6 Other		* * * * * * * * * * * * * * * * * * * *						XXX	XXX		
-	10.7 Totals	1,508,587	4,336,914				5,845,501	100.000	XXX	XXX	5,845,501	
- 1	10.8 Line 10.7 as a % of Col. 6	25.808	74.192				100.000	XXX	XXX	XXX	100.000	
11	Total Bonds Prior Year	20.000	7 1.102				100.000			777	100.000	
	11.1 Issuer Obligations	1,049,766	2,059,551				XXX	XXX	3,109,317	55.622	3,109,317	
	11.2 Single Class Mortgage-Backed/Asset-Backed Securities		2,480,773				XXX	XXX	2,480,773	44.378	2,480,773	
-	MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
-	11.3 Defined						XXX	XXX				
	11.4 Other		* * * * * * * * * * * * * * * * * * * *			* * * * * * * * * * * * * * * * * * * *	XXX	XXX	* * * * * * * * * * * * * * * * * * * *			
	MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES											
-	11.5 Defined						XXX	XXX				
-	11.6 Other						XXX	XXX				
-	11.7 Totals	1,049,766	4,540,324			* * * * * * * * * * * * * * * * * * * *	XXX	XXX	5,590,090	100.000		
1	11.8 Line 11.7 as a % of Col. 8	18.779	81.221				XXX	XXX	100.000	XXX	100.000	
112	Total Publicly Traded Bonds 12.1 Issuer Obligations	1,009,187	1,533,519				2,542,706	43.499	3,109,317	55.622	2,542,706	xxx
	12.1 issuer Obligations 12.2 Single Class Mortgage-Backed/Asset-Backed Securities	499.400	2,803,395				3,302,795	56.501	2,480,773	44.378	3,302,795	XXX
-	MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES	4,55,400	2,003,595			* * * * * * * * * * * * * * * * * * * *	3,302,793		2,400,773	44.570	3,502,795	
-	12.3 Defined											xxx
-	12.4 Other		* * * * * * * * * * * * * * * * * * * *						* * * * * * * * * * * * * * * * * * * *			XXX
	MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES		* * * * * * * * * * * * * * * * * * * *			* * * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * * *		* * * * * * * * * * * * * * * * * * * *		* * * * * * * * * * * * * * * * * * * *	
	12.5 Defined						[l	XXX
	12.6 Other											XXX
	12.7 Totals	1,508,587	4,336,914				5,845,501	100.000	5,590,090	100.000	5,845,501	XXX
- [12.8 Line 12.7 as a % of Col. 6	25.808	74.192				100.000	XXX	XXX	XXX	100.000	XXX
L.	12.9 Line 12.7 as a % of Line 10.7, Col. 6, Section 10	25.808	74.192				100.000	XXX	XXX	XXX	100.000	XXX
13	Total Privately Placed Bonds											
	13.1 Issuer Obligations 13.2 Single Class Mortgage-Backed/Asset-Backed Securities										XXX	
	13.2 Single Class Mortgage-Backed/Asset-Backed Securities MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES										XXX	
	MULTI-CLASS RESIDENTIAL MURTGAGE-BACKED SECURITIES 13.3 Defined										xxx	
	13.4 Other										XXX	
	MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES										·····	
	13.5 Defined										xxx	
	13.6 Other								* * * * * * * * * * * * * * * * * * * *		XXX	
	13.7 Totals										XXX	
	13.8 Line 13.7 as a % of Col. 6							XXX	XXX	XXX	XXX	
L	13.9 Line 13.7 as a % of Line 10.7, Col. 6, Section 10							XXX	XXX	XXX	XXX	
-	, , , , , , , , , , , , , , , , , , , ,											

SCHEDULE DA - PART 2 - VERIFICATION BETWEEN YEARS

Short - Term Investments

		1	2	3	4	5
		Total	Bonds	Mortgage Loans	Other Short-term Investment Assets (a)	Investments in Parent, Subsidiaries and Affiliates
1	. Book/adjusted carrying value, December 31 of prior year					
2	. Cost of short-term investments acquired	759,095	759,095			
3	. Increase (decrease) by adjustment		***************			*******
4	. Increase (decrease) by foreign exchange adjustment	(5,756)	(5,756)			*******
5	. Total profit (loss) on disposal of short-term investments		***********			
6	. Consideration received on disposal of short-term investments	250,000	250,000			*******
7	. Book/adjusted carrying value, current year	503,339	503,339			
8	. Total valuation allowance					
9	. Subtotal (Lines 7 plus 8)	503,339	503,339			
10	. Total nonadmitted amounts					
11	. Statement value (Lines 9 minus 10)	503,339	503,339			
12	. Income collected during year	7,156	7,156			
13	. Income earned during year	13,595	13,595			

(a) Indicate the category of such assets, for example, joint ventures, transportation equipment:

SCHEDULE DB - PART A - VERIFICATION BETWEEN YEARS

Options, Caps, Floors and Insurance Futures Options Owned

Cost/Option Premium (Section 2, Column 7)
Increase/(Decrease) by Adjustment (Section 1, Column 12) plus (Section 3, Column 13)
Gain/(Loss) on Termination:
4.1 Recognized (Sec. 3, Column 14)
4.1 Recognized (Sec. 3, Column 14) 4.2 Used to Adjust Basis of Hedged Item (Section 3, Column 15)
Consideration Received on Terminations (Section 3, Column 12)
Used to Adjust Basis on Open Contracts (Sec. 1, Column 13)
Disposition of Deferred Amount on Contracts Terminated in Prior Year:
7.1 Recognized
7.2 Used to Adjust Basis of Hedged Item
Book value, December 31, Current Year (Lines 1 + 2 + 3 + 4 - 5 - 6 - 7)
SCHEDULE DB - PART B - VERIFICATION BETWEEN YEARS Options, Caps, Floors and Insurance Futures Options Written

1.	1. Book value, December 31, prior year (Line 8, prior year)	
2.	2. Consideration received (Section 2, Column 7)	
3.	3. Increase/(Decrease) by Adjustment (Section 1, Column 12) plus (Section 3, Column 13)	
4.	4. Gain/(Loss) on Termination:	
	4.1 Recognized (Section 3, Column 14)	
	4.2 Used to Adjust Basis (Section 3, Column 15)	
5.	5. Consideration Paid on Terminations (Section 3, Column 12)	
6.	6. Used to Adjust Basis on Open Contracts (Section 1, Column 13)	
7.	7. Disposition of Deferred Amount on Contracts Terminated in Prior Year:	
	7.1 Recognized	
	7.2 Used to Adjust Basis	
8.	8. Book value, December 31, Current Year	

SCHEDULE DB - PART C - VERIFICATION BETWEEN YEARS

Swaps and Forwards

1.	Book value, December 31, prior year (Line 8, prior year)	
2.	Cost or (Consideration Received) (Section 2, Column 7)	
3.	Increase/(Decrease) by Adjustment (Section 1, Column 12) plus (Section 3, Column 13)	
4.	Gain/(Loss) on Termination:	
	4.1 Recognized (Section 3, Column 14)	
	4.2 Used to Adjust Basis of Hedged Item (Section 3, Column 15) Consideration Received (or Paid) on Terminations (Section 3, Column 12)	
5.	Consideration Received (or Paid) on Terminations (Section 3, Column 12)	- <u></u>
6.	Used to Adjust Basis of Hedged Item on Open Contracts (Section 1, Column 13)	
7.	Disposition of Deferred Amount on Contracts Terminated in Prior Year:	
	7.1 Recognized	
	7.2 Used to Adjust Basis of Hedged Item	
8.	Book value, December 31, Current Year (Lines 1 + 2 + 3 + 4 - 5 - 6 - 7)	
	SCHEDULE DB - PART D - VERIFICATION BETWEEN YEARS Futures Contracts and Insurance Futures Contracts	
1.	Book value, December 31, prior year (Line 8, prior year)	
2.	Change in total Variation Margin on Open Contracts (Difference between years-Section 1, Column 6)	
3.1	Change in Variation Margin on Open Contracts Used to Adjust Basis of Hedged Item (Section 1, Column 11)	
3.2	Change in Variation Margin on Open Contracts Recognized (Difference between years-Section 1, Column 10)	
4.1	Variation Margin on Contracts Terminated During the Year (Section 3, Column 6)	
4.2	Less:	
	4.21 Gain/(Loss) Recognized in Current Year (Section 3, Column 11)	
	4.22 Gain/(Loss) Used to Adjust Basis of Hedge (Section 3, Column 12) NONE	
4.3	Subtotal (Line 4.1 minus Line 4.2)	
5.1	Net Additions to Cash Deposits (Section 2, Column 7)	
5.2	Less: Net Reductions to Cash Deposits (Section 3, Column 9)	
6.	Subtotal (Lines 1 - 2 + 3.1 + 3.2 - 4.3 + 5.2)	
7.	Disposition of Gain/(Loss) on Contracts Terminated in Prior Year:	
	7.1 Recognized	
	7.2 Used to Adjust Basis of Hedged Item	
8.	Book value, December 31, current year (Lines 6 + 7.1 + 7.2)	
	SCHEDULE DB - PART E - VERIFICATION Statement Value and Fair Value of Open Contracts	
,		Statement Value
1.	Part A, Section 1, Column 10	
2.	Part B, Section 1, Column 10	
3.	Part C, Section 1, Column 10	
4.	Part D, Section 1, Column 9 - 12	
5. e	Lines (1) - (2) + (3) + (4)	
6. 7.	Part E, Section 1, Column 4	
7. 8.	Part E, Section 1, Column 5	
0.	Part E, Section 1, Column 5 Lines (5) - (6) - (7) Part A, Section 1, Column 11	Fain Walter
9.	Part A, Section 1, Column 11	Fair Value
10.	Part B, Section 1, Column 11	
11.	Part C, Section 1, Column 11	
12.	Part D, Section 1, Column 9	
13.	Lines (9) - (10) + (11) + (12)	
14.	Part E, Section 1, Column 7	
15.	Part E, Section 1, Column 8	
16.	Lines (13) - (14) - (15)	

SCHEDULE DB - PART F - SECTION 1

Replicated (Synthetic) Assets Open

	Replicated (Sy	nthetic) Asset			Components of the Replicated (Synthetic) Asset								
1	2	3	4	5	Derivative Instruments O	pen		Casi	h Instrument(s) Held				
Replication RSAT Number	Description	NAIC Designation or Other Description	Statement Value	Fair Value	6 Description	7 Fair Value	8 CUSIP	9 Description	10 Statement Value	11 Fair Value	12 NAIC Designation or Other Description		
					NICKIE	* * * * * * * * * * * * * * * * * * * *							
		* * * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * * *	NONE					* * * * * * * * * * * * * * * * * * * *			
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				* * * * * * * * * * * * * * * * * * * *									

SCHEDULE DB - PART F - SECTION 2

Reconciliation of Replicated (Synthetic) Assets Open

	First C	uarter	Second	Quarter	Third C	Quarter	Fourth	Quarter	Year-T	o-Date
	1	2	3	4	5	6	7	8	9	10
	Number of Positions	Total Replicated (Synthetic) Assets Statement Value								
Beginning Inventory										
Add: Opened or Acquired Transactions										
Add: Increases in Replicated Asset Statement Value	xxx		XXX	NO	NExxx		XXX		XXX	
Less: Closed or Disposed of Transactions							*****			
Less: Positions Disposed of for Failing Effectiveness Criteria										
Less: Decreases in Replicated (Synthetic) Asset Statement Value	XXX									
7. Ending Inventory										

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

Company	2 Federal ID Number	3 Effective Date	4 Name of Reinsured	5 Location	6 Type of Reinsurance Assumed	7 Premiums	8 Unearned Premiums	9 Reserve Liability Other Than for	10 Reinsurance Payable on Paid and	11 Modified Coinsurance	12 Funds Withheld Under
Company	ID Number	Date			Reinsurance	Premiums		Other Than for	on Paid and		
Code	Number	Date				Premiums				Coinsurance	Under
					Assumed	Premiums	Premiums	Harris and Darrie and			Oridor
								Unearned Premiums	Unpaid Losses	Reserve	Coinsurance
				* * * * * * * * * * * * * * * * * * * *							
				i			* * * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * * *		
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I	* * * * * * * * * * * * *								* * * * * * * * * * * * * * * * * * * *		* * * * * * * * * * * * * * * * * * * *

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of

December 31, Current Year

SACE CORPUTED TO DIE PRECISE CONTROLL PER LOSSES DE PRE LO	1	2	3	4	5	6	/
Company D Color	NAIC	Federal					
Cole Norte Dele Norre of Concerns Location Pail Locates Urged Locates Viged	Company	ID					
	Code	Number	Date	Name of Company	Location	Paid Losses	Unpaid Losses
			* * * * * * * * * * * * * *				
	***********		* * * * * * * * * * * * * *				
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Annual Statement for the year 2005 of the ALTUS DENTAL INSURANCE CO., INC.

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	Outstanding S	Surplus Relief	12	13
NAIC Company Code	Federal ID Number	Effective Date	Name of Company	Location	Туре	Premiums	Unearned Premiums (Estimated)	Reserve Credit Taken Other than for Unearned Premiums	10 Current Year	11 Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
					NO							
				•••••								

Reinsurance Ceded To Unauthorized Companies

	Reinsurance Ceded To Unauthorized Companies												
NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Reinsurer	5 Reserve Credit Taken	6 Paid and Unpaid Losses Recoverable (Debit)	7 Other Debits	8 Total (Cols. 5 + 6 + 7)	9 Letters of Credit	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	12 Other	13 Miscellaneous Balances (Credit)	14 Sum of Cols 9 + 10 + 11 + 12 + 13 But Not in Excess of Col. 8
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Five-Year Exhibit of Reinsurance Ceded Business (000 Omitted)

		1 2005	2 2004	3 2003	4 2002	5 2001
		2000	2004	2000	2002	2001
A.	OPERATIONS ITEMS					
1.	Premiums					
2.	Title XVIII-Medicare					
3.	Title XIX-Medicaid					
4.	Commissions and reinsurance expense allowance					
5.	Total hospital and medical expenses					
В.	Commissions and reinsurance expense allowance Total hospital and medical expenses BALANCE SHEET ITEMS	NE				
6.	Premiums receivable					
7.	Claims payable					
8.	Reinsurance recoverable on paid losses					
9.	Experience rating refunds due or unpaid					
10.	Commissions and reinsurance expense allowances unpaid					
11.	Unauthorized reinsurance offset					
C.	UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
12.	Funds deposited by and withheld from (F)					
13.						
14.	Trust agreements (T)					
	Other (O)					

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
Cash and invested assets (Line 10)	5,289,276		5,289,276
Accident and health premiums due and unpaid (Line 13)	85,244		85,244
Amounts recoverable from reinsurers (Line 14.1)			
Net credit for ceded reinsurance	xxx		
All other admitted assets (Balance)	67,338		67,338
6. Total assets (Line 26)	5,441,858		5,441,858
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	581,420		581,420
Accrued medical incentive pool and bonus payments (Line 2)			
Premiums received in advance (Line 8)	267,929		267,929
10. Reinsurance in unauthorized companies (Line 18)			
11. All other liabilities (Balance)	496,782		496,782
12. Total liabilities (Line 22)	1,346,131		1,346,131
13. Total capital and surplus (Line 31)	4,095,727	XXX	4,095,727
14. Total liabilities, capital and surplus (Line 32)	5,441,858		5,441,858
NET CREDIT FOR CEDED REINSURANCE			
15. Claims unpaid			
16. Accrued medical incentive pool			
17. Premiums received in advance			
18. Reinsurance recoverable on paid losses			
19. Other ceded reinsurance recoverables			
20. Total ceded reinsurance recoverables			
21. Premiums receivable			
22. Unauthorized reinsurance			
23. Other ceded reinsurance payables/offsets			
24. Total ceded reinsurance payables/offsets			
25. Total net credit for ceded reinsurance			

SCHEDULE T - PART 2 INTERSTATE COMPACT PRODUCTS - EXHIBIT OF PREMIUMS WRITTEN

Allocated By States and Territories

		Direct Business Only								
		1	2	3	4	5	6			
	Chahan Eta	Life (Group and	Annuities (Group and	Disability Income (Group and	Long-Term Care (Group and	Deposit-Type	Tatala			
_	States, Etc.	Ìndividual)	Individual)	Individual)	Individual)	Contracts	Totals			
	Alabama AL									
	Alaska AK Arizona AZ									
	Arkansas AR			* * * * * * * * * * * * * * * * * * * *						
5.	California CA									
	Colorado									
	Connecticut CT Delaware DE									
	District of Columbia DC			* * * * * * * * * * * * * * * * * * * *		* * * * * * * * * * * * * * * * * * * *				
	Florida FL									
11.	Georgia GA									
12.	Hawaii HI									
	Idaho ID									
	Illinois IL Indiana IN									
	lowa IA									
17.	Kansas KS									
18.	Kentucky KY									
19.	Louisiana LA									
20.	Maine ME Maryland MD									
	Massachusetts MA			* * * * * * * * * * * * * * * * * * * *			* * * * * * * * * * * * * * * * * * * *			
23.	Michigan MI									
24.	Minnesota MN									
25.	Mississippi MS									
26.	Missouri MO Montana MT		NON							
	Nebraska NE			* * * * * * * * * * * * * * * * * * * *						
29.	Nevada NV									
30.	New Hampshire NH									
31.	New Jersey NJ									
	New Mexico NM New York NY									
34	North Carolina NC			* * * * * * * * * * * * * * * * * * * *						
35.	North Dakota ND									
36.	Ohio OH									
37.	Oklahoma OK									
38.	Oregon OR Pennsylvania PA									
40	Rhode Island RI			* * * * * * * * * * * * * * * * * * * *						
	South Carolina SC									
	South Dakota SD									
	Tennessee TN									
	Texas TX Utah UT									
	Vermont VT									
47.	Virginia VA									
48.	Washington WA									
	West Virginia WV									
	Wisconsin WI Wyoming WY									
	American Samoa AS									
	Guam GU									
54.	Puerto Rico PR									
	US Virgin Islands VI									
	Canada CN Aggregate Other Alien OT									
58	Aggregate Other Alien OT									
J0.	เบเตเอ		L	ı	L					

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

	2	3	4	5	6	7	8 8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
52632 55301 52632 00000 52632 00002	05-0153223 05-0296998 05-0153223 05-0502611 05-0153223 05-0502912	ALTUS DENTAL INSURANCE COMPANY INC. DELTA DENTAL OF RHODE ISLAND ALTUS DENTAL INSURANCE COMPANY INC. ALTUS SYSTEMS INC. ALTUS DENTAL INSURANCE COMPANY INC. ALTUS DENTAL INC.					441,418 (441,418) 300,854 (300,854) 771,864 (771,864)				441,418 (441,418) 300,854 (300,854) 771,864	
9999999	Control Tota	als							XXX			

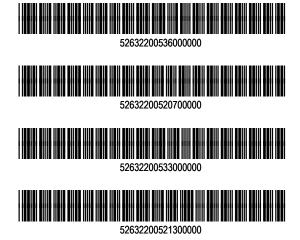
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

	MARCH FILING	<u> 1100ponioce</u>
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	Yes
2.	Will an actuarial opinion be filed by March 1?	Yes
3.		Yes
4.	Will the Risk-based Capital Report be filed with the state of domicile, if required by March 1?	Yes
	APRIL FILING	
5.	Will the Management's Discussion and Analysis be filed by April 1?	Yes
6.	Will the Investment Risks Interrogatories be filed by April 1?	Yes
	JUNE FILING	
7.	Will an audited financial report be filed by June 1?	Yes
usine: ill be	llowing supplemental reports are required to be filed as part of your annual statement filing. However, in the event that your company does not transact the sess for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bard printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an lation following the interrogatory questions.	* .
	MARCH FILING	
8.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the the state of domicile and the NAIC by March 1?	No
9.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	No
10.	Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?	No
11.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	No
	APRIL FILING	
12.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile by April 1?	No
13.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	No

Explanation:

Bar code:



14. Will the Supplemental Property/Casualty data due April 1 be filed with the state of domicile and the NAIC?



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Resnonses

No